



Templates Part II

Interim Progress Report - Budget Period Three

Workplan - Budget Period Four

Focus Area F: Risk Communication and Health Information Dissemination (Public Information and Communication)

Budget Period Three Progress Report

Using the Interim Progress Report template below, provide a brief status report that describes progress made toward achievement of each of the *critical capacities* and *critical benchmarks* outlined in the continuation guidance issued by CDC in February 2002. Applicants should describe their agency's overall success in achieving each critical capacity. The progress report narratives should not exceed 1 page, single-spaced, for each critical capacity. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response.

CRITICAL CAPACITY: To provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

Provide an update on progress during Project Year III toward achieving this critical capacity:

During the past year, the Washington State Department of Health (DOH) undertook several key initiatives to achieve this critical capacity including completion of a risk communication plan developed to provide public health information to the media and general public, as well as support and message coordination to Local Health Jurisdictions (LHJs) and emergency system partners (including hospitals) in the event of a public health emergency. Plan elements include an emergency phone bank to assist LHJs and the media, emergency Web procedures, media procedures, and emergency information dissemination and notification protocols. The plan is complete, and many portions have been tested and enhanced through events and exercises this year (including smallpox immunizations, SARS, West Nile virus, and local participation in TOP-OFF).

Initiatives include:

- **Needs Assessment** – Communication capacity assessments were completed with all LHJs and hospitals in 2002, and have been used to establish critical baseline information concerning current communication needs and barriers.
- **Strategies** – Communication plans—based on our primary DOH Communication Office Risk Communication Strategy—have been effectively developed and activated to address a variety of emerging issues including: Stage 1 Smallpox Immunizations, West Nile Virus, and TOP-OFF exercises. Emergency strategies have been shared with LHJs through a variety of



means including: *Smallpox Immunization—Risk Communication Training*, updates in our Public Health Emergency Planning and Response (PHEPR) e-newsletter, and regular communication with LHJ public information offices. In the next few months, we will provide additional assistance in emergency communication plan development to LHJs, as needed, using the DOH model and the CDC's *City and County Crisis Communication Planning Worksheet and Toolkit*.

- **Training** – Risk communication training has been conducted for a variety of internal and external groups, and regional trainings are planned for LHJs and other system partners in July, 2003. DOH offers two training models on risk communication: *Risk Communication in Public Health* (based on the CDCynergy model and targeting people who do not necessarily work with the media), and *DOH Media and Risk Communication Training* (emphasizing media strategy development). Combined versions of these courses are available (developed for Smallpox Immunization trainings this year).
- **Local Support** – We created a new statewide resource to support local emergency communication initiatives and provide a comprehensive approach to planning through the Regional Emergency Communications Liaison Network (see *Attachment 1—Regional Emergency Communications Network*). The DOH Communications Office enhanced its capacity to provide risk communication, media and message development support to LHJs and other system partners.
- **General Public Hotline** – DOH created the capacity to activate an emergency general public phone bank. The agency maintains a roster of volunteers from throughout DOH. We also created emergency recorded information lines. Additionally, we promoted the CDC's general public hotline services, and participated in several meetings regarding 211 and related initiatives.
- **Information Development and Dissemination** – We worked with all Focus Areas—and related DOH programs—to create fact sheets, presentations, talking points, Q&As and media resources on emerging issues. We created Web-based libraries of emergency information for the general public and system partners (including PHEPR, Smallpox, SARS and *Notifiable Conditions* Web sites, and an internal PHEPR Web site). We also supported the Public Health Improvement Partnership's initiative to create communication tools and resources for the public health system—including a Web site of related information and templates. Other tools include: a monthly PHEPR e-newsletter for system partners, and a comprehensive emergency preparedness glossary for public health. Information dissemination channels have been developed and tested through partnerships with the Washington State Hospital Association, LHJ Public Information Offices, Washington State Association of Local Public Health Officers, Office of the Superintendent of Public Instruction, Washington State Emergency Management Division (EMD), and other entities. DOH and EMD have also formed a partnership to co-develop emergency preparedness and response educational resources for the general public.
- **Special Populations** – A number of connections have been made this year to enhance outreach and response to special populations including—but not limited to—non-English speaking communities, children and families, the elderly, people with disabilities, and



minority communities. This year, we began work on a Community and Agency Partner Matrix to more effectively develop outreach and feedback mechanisms in these communities. Many fact sheets have already been created in response to requests from Matrix partners, and translations of key materials are planned throughout the coming months into top six priority languages (as identified through work with the Washington State Department of Social and Health Services). Cultural competency and special population issues are incorporated in our planning and training efforts.

Critical Benchmark #13: What is the status of your *risk communication plan*? Choose only one of the following:

- ☐ Work on plan has not begun (0% completed)
- ☐ Work on the plan has just started (less than 25% completed)
- ☐ Work on the plan is underway (25-50% completed)
- ☐ Work on the plan is more than half way completed (51-75% completed)
- ☐ Work on the plan is close to completion (greater than 75% completed)
- ☒ The plan is completed (100% completed)
- ☐ The plan is completed and has been adopted



Budget Year Four Workplan

For each Recipient Activity applicants should complete the work plan templates attached below. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response. All responses should be brief and concise. **Please note that full use of the CDC templates will meet all of the requirements for submission of a progress report and work plan.** Although no additional information is required, grantees may elect to submit other essential supporting documents via the web portal by uploading them as additional electronic files.

CRITICAL CAPACITY #15: to provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

RECIPIENT ACTIVITIES:

1. Complete a plan for crisis and emergency risk communication (CERC) and information dissemination to educate the media, public, partners and stakeholders regarding risks associated with the real or apparent threat and an effective public response. **(CRITICAL BENCHMARK #23)**

Strategies: What overarching approach(es) will be used to undertake this activity?

The public health system in Washington State includes the Washington State Department of Health (DOH), 35 Local Health Jurisdictions (LHJs) representing all 39 counties, private and public partners (such as health care providers, hospitals and other health care facilities), related local, county, state, federal and tribal government agencies, and other community partners. Effective crisis and risk communication planning and information dissemination efforts will rely on developing a unified approach, maximizing existing resources, and building on established communication channels and partnerships.

In 2002-2003, DOH completed assessments of existing communication capabilities in Washington hospitals and LHJs. Key findings include:

- Although some LHJs have the capacity to develop their own materials, many rely on DOH to provide fact sheets, talking points and other materials on critical biological and chemical agents and other emergency preparedness topics.
- A small number of LHJs have written emergency communication plans specific to the health department; the majority are part of larger county plans.
- All LHJs have designated spokespeople but only a few have dedicated public information officer staff; others rely on county staff or on LHJ employees who have other primary duties. Most LHJs without public information staff would also seek support from DOH in an emergency.



- Both LHJs and hospitals identified risk communication training as a primary need.
- Large and mid-sized hospitals generally have fully dedicated public information or communication staff, but would like to continue to build on partnerships with public health to ensure consistency of related emergency messages. Small rural hospitals usually do not have fully dedicated communications staff and will rely on the Washington State Hospital Association (WSHA) and DOH for help. (WSHA has an established network of public information and communication staff, and has given DOH full access to the network.)

Based on these and other assessment results and ongoing feedback from LHJs, the Washington State Hospital Association (WSHA), and other stakeholders and system partners (including staff in **Focus Area A**), DOH will use a multi-tiered strategy to ensure effective emergency communication planning and information dissemination efforts:

1. **DOH Agency Strategy** – Seamlessly integrate public information and communication priorities in the DOH Comprehensive Emergency Management Plan (with Focus Area A). With Focus Area A, continue to partner in stakeholder and emergency system outreach efforts to promote system-wide understanding of risk communication issues and strategies.
2. **Partnerships (General Public and Special Populations)** - Continue to build partnerships with stakeholder groups and related emergency management agencies and organizations to ensure public health messages are effectively disseminated to the general public and special populations through a variety of channels.
3. **DOH Communications Office Strategy** - Continue to enhance the DOH Communications Office Emergency Communication Plan (implemented in 2002) to ensure both pre-event and event support and materials are available to LHJs, hospitals and other system partners, and that the plan continues to address evolving emergency preparedness needs and topics related to real or apparent threats.
4. **Media Education** - Partner with Focus Area G, LHJs and regional entities to establish an ongoing system of media education opportunities and resources. (The DOH Communications Office will build on the media education model developed for Stage 1 Smallpox Vaccinations including forums, conference calls and Web-based library of resources and materials.) DOH will collaborate with WSHA to present media education opportunities through the WSHA Web conference system, as appropriate.
5. **Regional Emergency Communication Liaison Network** - To provide needed, local support and overall consistency to statewide efforts, the Regional Emergency Communication Liaison Network has been established (*See attachment: “Regional Emergency Communication Liaison Network”*). Liaisons will assist state staff in comprehensive statewide risk and emergency communication planning efforts and will be a conduit of information to local community partners.
6. **Coordination with Focus Area, Local, State, Tribal and Federal Partners** – Continue to coordinate emergency public health communication planning and resource development efforts with Focus Area, local, state, tribal and federal partners. Focus Area F staff will



continue to create and maintain information channels to provide ongoing information on grant-related activities to partners and stakeholders.

7. **Best Practices Approach** – Communication plan development efforts will continue to use key resources regarding all-hazards planning including the CDC’s *Crisis and Emergency Communication* planning modules, information from Federal Emergency Management Agency’s *All-Hazard Emergency Operations Planning State and Local Guide*, the Department of Health and Human Services’ *17 Critical Benchmarks for Bioterrorism Preparedness*, and best practices from other local, state and federal agencies.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1. **DOH Agency Strategy** –
 - a. Focus Area F staff will continue to participate in updating the DOH Comprehensive Emergency Management Plan (with Focus Area A) to ensure public information and communication priorities are integrated into overall agency emergency planning efforts.
 - b. Focus Area F staff will assist in editing the plan and in disseminating information about the plan to DOH staff through internal fact sheets and an intranet site for the CEMP and other Public Health Emergency Preparedness and Response (PHEPR) initiatives.
 - c. Focus Area F will continue to partner with Focus Area A in stakeholder and emergency system outreach efforts, and will provide assistance in developing related presentation materials.
2. **Partnerships (General Public and Special Populations)** –
 - a. Focus Area F staff will continue to build partnerships with stakeholder groups and related emergency management agencies and organizations to ensure public health messages are effectively disseminated to the general public and special populations through a variety of channels.
 - b. Partnership efforts will include: American Red Cross (Together We Prepare Initiative), Washington State Emergency Management Division (emergency preparedness materials regarding chemical and biological threats), Washington State Hospital Association, Washington State Coalition for the Homeless, the Washington State Office of the Superintendent of Public Instruction (school administrators, teachers, nurses, students and families), the Washington State Department of Personnel’s Employee Advisory Program, the Governor’s Office on Indian Affairs, and other internal and external agencies and organizations that work with mental health issues, non-English speaking groups, the elderly, children and families, cultural sensitivities, hearing and sight impairment issues and other issues of concern to special populations.
3. **DOH Communications Office Strategy** –
 - a. The DOH Communications Office will continue to enhance its Emergency Communication Plan (implemented in 2002) to ensure both pre-event and event support and materials are available to LHJs, hospitals and other system partners, and that the plan continues to address evolving emergency preparedness needs and topics related to real or apparent threats.
 - b. The Communications Office will also continue training and development with identified DOH Emergency Communications Roster staff on crisis and risk communication to



ensure preparedness in the event of an emergency.

4. **Media Education –**

- a. The DOH Communications Office will partner with Focus Area G, LHJs and regional entities to establish an ongoing system of media education opportunities and resources. Building on the media education model developed for Stage 1 Smallpox Vaccinations, resources will include forums on public health emergency topics, conference call update opportunities and a Web-based library of information and materials.
- b. DOH will work with LHJs to co-host education events with public information officers and local public health administrators in key counties throughout the state to ensure a comprehensive system approach while highlighting local issues and resources.
- c. We will also support Web-based regional media resource development efforts in key counties.

5. **Regional Emergency Communication Liaison Network –**

- a. Regional Liaisons will work with related state staff to assist LHJs in using the CDC's *Crisis Communication Planning Worksheet and Toolkit*, building community partnerships (including hospitals and organizations serving special populations), and developing effective statewide and local public outreach resources.

6. **Coordination with Focus Area, Local, State, Tribal and Federal Partners –**

- a. To ensure consistency in emergency planning and information dissemination efforts—and to share resources—Focus Area F and emergency communication liaison staff will work with the CDC, LHJs, regional administrators, emergency system partners, tribal contacts, Focus Area and other DOH staff to build awareness, coordinate efforts and solicit feedback regarding materials and resource development. Focus Area F staff will continue to work with PHEPR initiative staff to create ongoing information resources for stakeholders and system partners including PHEPR Web sites and monthly newsletter.
- b. The Communications Office management team will continue to participate in regular information-sharing forums with the DOH senior management team, the Governor's Office, the Washington State Emergency Management Division and other key state, regional and local partners.

7. **Coordination with Hospitals –**

- a. With the Washington State Hospital Association, enhance existing communication channels and establish new opportunities to share information and coordinate emergency and risk communication initiatives.

8. **Best Practices Approach –**

- a. Continued review and assessment of emergency management and planning resources.
- b. Continuing participation in educational and information-sharing opportunities with related local, state and federal agencies.

Timeline: What are the critical milestones and completion dates for each task?

1. Ongoing: Work with Focus Area A in updating the CEMP. Continue to work with Focus Area A in developing materials for and outreach opportunities to agency and emergency



system partners.

2. Ongoing (updates due December 1, 2003, April 1, 2004, August 1, 2004): With Regional Emergency Communication Liaisons, develop statewide Community and Agency Partner Matrix with an emphasis on organizations providing expertise and communication channels for mental health issues, services for the hearing and sight impaired, and special populations including minority and non-English speaking communities, homeless and transient communities, the elderly, children and families. Develop state and regional work plans to ensure ongoing outreach and involvement efforts.
3. November 1, 2003: Complete annual update of Communications Office Emergency Plan and evaluation of existing and needed resources.
4. December 1, 2003: Develop 2004 schedule of media education opportunities. Work with Focus Areas to develop range of educational materials. Work with Focus Area G and LHJs to develop local and regional presentations. Launch enhanced media resource Web site; work with key LHJs on regional media resource Web site planning.
5. September 1, 2003 (quarterly reviews): Develop work plans for assisting LHJs in using the CDC's *Crisis Communication Planning Worksheet and Toolkit*. Develop preliminary plans for hospital contacts.
6. Ongoing: Continue to share information with the CDC, LHJs, regional administrators, emergency system partners, Focus Area and other DOH staff through meetings, conference calls, e-mail updates, monthly PHEPR newsletter, internal and external Web sites. Continue to develop information channels for PHEPR-related issues with border states and Canada. Continue to participate in regular information forums with state, regional and local partner agencies.
7. Ongoing (quarterly reviews): With the Washington State Hospital Association, continue to establish communication channels with hospitals to share communication planning initiatives and related materials (to include regional meetings and e-mail updates).
8. Ongoing (quarterly reviews): Ongoing research and assessment of best practices and approaches regarding all-hazards emergency planning efforts from local, state and federal resources. Quarterly evaluation of DOH crisis and risk communication plans.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1. DOH Communications Director, Focus Area F Lead (DOH Communication Systems Manager) and DOH Media Relations Manager.
2. Focus Area F Lead (DOH Communication Systems Manager), State Emergency Communication Liaison and Regional Emergency Communications Liaisons.
3. Focus Area F staff, DOH Communications Office Management Team.



4. DOH Communications Director, DOH Media Relations Manager, Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, LHJ Administrators and Public Information Offices and Focus Area Leads.
5. State and Regional Emergency Communications Liaisons, Focus Area F Lead (DOH Communication Systems Manager), DOH Communications Director.
6. Focus Area F staff, State Emergency Communication Liaison, Regional Emergency Communications Liaisons.
7. Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communication Liaisons, Washington State Hospital Association Communications Director.
8. DOH Communications Office management team, Focus Area F staff, State and Regional Emergency Communications Liaisons.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

We will evaluate effectiveness of crisis and risk communication planning and information dissemination efforts through successful completion of the activities outlined above, specifically:

- Quarterly evaluations of crisis and risk communication planning and collaborative efforts.
- Crisis and risk communication principles included in agency's Comprehensive Emergency Management Plan.
- All LHJs assisted in using the CDC's *Crisis Communication Planning Worksheet and Toolkit*.
- Schedules of collaborative and informational meetings with hospital partners and other stakeholders completed.
- Development of statewide Community and Agency Partner Matrix with an emphasis on entities providing expertise on and communication channels to special populations.
- Web sites and other informational tools about planning efforts, contacts and roles are created, updated and disseminated to staff and system partners.

2. Use your communication systems to conduct drills, exercises, and training that ensure channels of communication to inform the public, partners, and stakeholders about recommendations during public health emergencies. **(LINK WITH FOCUS AREA A) (CRITICAL BENCHMARK #24)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. To effectively conduct drills, exercises and trainings for state, regional and local emergency communication systems, we will coordinate with a variety of entities including Focus Areas A, E and G, internal DOH divisions, the Washington State Hospital Association, Regional



Emergency Communications Liaisons, LHJs and other system partners to create a series of related opportunities throughout the coming year.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Key tasks for this strategy include:

1.
 - a) We will partner with Focus Areas A and G to include communication activities in planned system-wide emergency exercise in 2004. This exercise will include state, local, regional, hospital and tribal partners.
 - b) We will establish a series of internal drills and exercises for the DOH Emergency Communication Roster to ensure readiness in the event of an emergency. As part of these exercises, we will test information systems including: emergency Web procedures, media and hospital notification, DOH staff and LHJ notification, and emergency messages to key community and system partners. We will continue to develop risk communication training opportunities for staff.
 - c) We will work with the Regional Emergency Communications Liaison Network to develop local and regional communication drills, exercises and trainings.
 - d) We will work with Focus Area E to assist in testing emergency call-down lists and procedures.
 - e) We will work with the Washington State Hospital Association to further develop and test public health emergency communication protocols
 - f) We will work with Focus Area G to ensure crisis and risk communication training gaps are identified and addressed for public health system staff
 - g) We will test the general public emergency phone bank, and develop risk communication training opportunities for volunteer phone bank staff.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) Ongoing: Participate with Focus Areas A and G in planning of 2004 full-scale bioterrorism exercise to coordinate communication system testing. We will use this exercise to test the state's public information channels, message development capacity (with Focus Areas B and D), and communication between DOH, LHJs, the public and special populations.
 - b) December 1, 2003: Complete 2004 schedule for drills and exercises for the DOH Emergency Communication Office Plan, and 2004 risk communication training schedule for DOH Emergency Communication Roster staff.
 - c) August 1, 2004: Report and assessments due from Regional Emergency Communications Liaisons who will work with LHJs to ensure communication systems are tested as part of regional drills and tabletop exercises throughout the year.
 - d) October 1, 2003 and June 1, 2004: Reports and assessments due from Focus Area F staff



working with Focus Area E in testing emergency call-down lists and procedures.

- e) January 1, 2004: Plan for development and testing of public health emergency communication protocols completed in coordination with the Washington State Hospital Association.
- f) Ongoing: Coordination with Focus Area G in assessment of communications training gaps and plans for building related competencies.
- g) October 15, 2003: Complete test of DOH emergency phone bank. December 1, 2003: Complete 2004 schedule for emergency phone bank testing and 2004 training schedule for emergency phone bank volunteers.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1.

- a) Focus Area F, A, B and D staff, DOH Communications Office.
- b) Focus Area F Lead (DOH Communications Systems Manager), DOH Communications Director, DOH Media Relations Manager, and staff as assigned.
- c) Regional Emergency Communication Liaisons, State Emergency Communication Liaison, Focus Area F Lead (DOH Communication Systems Manager).
- d) DOH Public Health System Web Development Specialist (Focus Area F), Focus Area E staff, Focus Area F Lead (DOH Communication Systems Manager).
- e) Washington State Hospital Association Communications Director, Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons.
- f) Focus Area F Lead (DOH Communication Systems Manager), Focus Area G Lead, State and Regional Emergency Communications Liaisons, Regional Learning Specialists.
- g) Focus Area F Lead (DOH Communication Systems Manager), DOH Public Health System Content Development Specialist (Focus Area F), DOH Divisional Planners.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Success will be measured by completion of activities outlined above, specifically:

- Participation in 2004 emergency exercises (coordinated through Focus Area A); assessment of communication system performance.
- Completion and implementation of 2004 schedule for drills and exercises for the DOH Emergency Communication Office Plan, and 2004 risk communication training schedule for



DOH Emergency Communication Roster staff.

- Completion of system testing and assessment reports from Regional Emergency Communication Liaisons.
- Assessment of data from Focus Area F staff working with Focus Area E in testing emergency call-down lists and procedures.
- Plan for development and testing of public health emergency communication protocols completed in coordination with the Washington State Hospital Association, and collaboration underway.
- Assessment of communications training gaps and plans for building related competencies completed with Focus Area G.
- DOH emergency phone bank testing completed; volunteer training opportunities developed and training schedule implemented.

3. (HRSA/CDC Cross-Cutting Activity) Complete a plan for activities that will be implemented to meet the specific needs of special populations that include but not limited to people with disabilities, minority groups, the non-English speaking, children, and the elderly. Consider all operational and infrastructure issues as well as public information/risk communication strategies. Such activities must be integrated between the public health and the hospital communities.

Strategies: What overarching approach(es) will be used to undertake this activity?

Along with immediate emergency preparedness and response issues, a primary goal in this area is to enhance the public health system's capacity to create sustainable systems to meet the ongoing information needs of special populations. To effectively address these issues, we will continue to build on the foundation of resources, partnerships and communication channels established during the last year, and expand on these activities to develop a comprehensive statewide system.

There are four main strategies to accomplish these goals:

1. Further develop effective partnerships (internal and external) with DOH programs, state and local agencies, hospitals and community organizations serving special populations.
2. With Focus Area G, work to identify and provide cultural competency training and learning opportunities to system partners. Incorporate cultural competency issues into risk communication training.
3. Further enhance materials development and translation systems that test messages for effectiveness and cultural appropriateness with target audiences.
4. Ensure special populations are addressed in crisis and risk communication plan development.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

- 1.



- a. Complete internal (state) review of existing outreach channels to special populations.
- b. With the Washington State Hospital Association and Regional Emergency Communications Liaisons, develop statewide Community and Agency Partner Matrix with emphasis on organizations serving special populations.
- c. Identify opportunities for resource development for and information dissemination to key audiences through partnerships with organizations in matrix, including—but not limited to—the following:

DOH Division of Community and Family Health (various programs serving families, the elderly and other special populations), Governor’s Office on Indian Affairs, Washington State Department of Social and Health Services (including offices of Aging and Adult Services, Children and Family Services, Mental Health Services, Deaf Services, Residential Care Services), Washington State Council of the Blind, Asian American Affairs Commission, Washington State Human Rights Commission, Washington State Office of Public Instruction, Washington State Department of the Military (Emergency Management Division, Public Education Unit), Washington State Coalition for the Homeless, American Red Cross (local offices), Association of County Human Services, and other state, regional and local entities serving special populations.

2.

- a. With Focus Area G and other partners (including DOH Minority Affairs office and other state and local resources) identify opportunities for cultural competency training. Ensure opportunities—such as Government-to-Government Training through the Governor’s Office of Indian Affairs—are available system-wide.
- b. Work with Focus Area G to establish other training channels such as distance learning on relevant issues.
- c. Address cultural competency issues and resources in risk communication training offered through Focus Area F.

3.

- a. Partner with DOH Division of Community and Family Health--Office of Health Promotion, in their efforts to establish a structured translation and review resource for public health materials. This program will work with community organizations to ensure cultural appropriateness and effectiveness of messages and materials with target audiences.
- b. Continue Focus Area F program (in consultation with all Focus Areas) to translate key emergency materials into top six languages as identified by Washington State Department of Social and Health Services (Spanish, Russian, Vietnamese, Cambodian, Chinese, Korean) and support local efforts to establish other needed translation mechanisms.
- c. Continue work to ensure accessibility of materials, Web sites, emergency hotlines and other resources for communities with special needs. Support implementation of critical services—as appropriate—including Access Washington Resource Directory (statewide health and human services database that serves as the backbone of local 211 efforts),



TTY lines, AT&T Language Line services.

4.
 - a. Seeking expertise from an advisory panel established through the Community and Agency Partner Matrix established through work in Key Task A (above), as well as other Focus Areas, DOH divisions, federal, state, local and regional resources, we will work to include special populations in state and local crisis and risk communication planning.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a. Ongoing (updates due December 1, 2003, April 1, 2004, August 1, 2004): Work with DOH divisional planners and key program staff to review existing outreach channels.
 - b-c. Ongoing (updates due December 1, 2003, April 1, 2004, August 1, 2004): With Regional Emergency Communication Liaisons and Washington State Hospital Association, develop statewide Community and Agency Partner Matrix with an emphasis on organizations providing expertise and communication channels for mental health issues, services for the hearing and sight impaired, and special populations including minority and non-English speaking communities, the elderly, children and families. Develop state and regional workplans to ensure ongoing outreach and involvement efforts.
2.
 - a-c. Ongoing (annual assessment due August 1, 2004): Identify gaps and related competency building resources regarding cultural competency issues. Ensure cultural competency is effectively addressed in risk communication training.
3.
 - a. Ongoing: Support translation program developed with DOH Division of Community and Family Health - Office of Health Promotion, and use services (program test completed November 1, 2003). Review materials for translation
 - b. Ongoing: Continue to review and translate critical materials.
 - c. Ongoing (assessments due December 1, 2003, April 1, 2004, August 1, 2004): Continue to enhance Web sites, materials and emergency hotline accessibility for communities with special needs. Support implementation of critical services—as appropriate—including Access Washington Resource Directory (statewide health and human services database that serves as the backbone of local 211 efforts), TTY lines, AT&T Language Line services.
4.
 - a. Ongoing (quarterly assessments): Continued review of crisis and risk communication plan development (state, local) to ensure special populations and cultural issues are adequately addressed. Continued development of advisory panel as outlined in Key



Task D (above) to assist in related issues. *Best practices* exchange on related issues with hospitals through the Washington State Hospital Association.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1.
 - a. Focus Area F staff, DOH divisional leads and related programs.
 - b-c. Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director.
2.
 - a-c. Focus Area F and Focus Area G staff, State and Regional Communications Liaisons.
3.
 - a. Focus Area F staff, DOH Division of Community and Family Health - Office of Health Promotion, other DOH Division and Focus Area staff as appropriate for materials review and development.
 - b. Focus Area F staff, State and Regional Communications Liaisons, Focus Area staff and DOH Communications Office staff, as appropriate.
 - c. Focus Area F staff, State and Regional Communications Liaisons, DOH Web Team, DOH Division and Focus Area staff as appropriate.
4.
 - a. Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress will be measured through successful completion of above activities as evidenced through required assessments, Community and Agency Partner Matrix and advisory panel development, and availability of key materials, resources and communication channels providing effective information dissemination to special populations.

4. Assess state and local public information needs and identify communication resources needed for the public distribution of supplies through the National Pharmaceutical Stockpile program (12-hour “push packages” as well as the vendor managed inventory).



Assessments and plans should consider language barriers, cultural sensitivities, hearing and sight impairment, and the means by which population groups and communities get information. **(LINK WITH FOCUS AREA A, and CROSS CUTTING ACTIVITY POPULATIONS WITH SPECIAL NEEDS, PSYCHOSOCIAL NEEDS, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. We will use our full range of communication assessment and outreach mechanisms as well as partnerships and initiatives established to address psychosocial needs and support effective information dissemination to the general public and special populations. In coordination with Focus Area A and using specific information outlined in Module 9 (National Pharmaceutical Stockpile Program) of the CDC's Crisis and Risk Communication manual, we will develop a preliminary communication plan for local efforts surrounding this program. We will then work in cooperation with the Regional Emergency Communications Liaison Network and the Washington State Hospital Association to develop a comprehensive final plan.

We will use the DOH Emergency Communication Plan model (successfully tested on other topics such as smallpox vaccinations and West Nile Virus) and the CDC's *City and County Health Department Crisis Communication Planning Worksheet and Toolkit* as the foundation for the NPS Communication Plan.

2. To ensure psychosocial issues and the needs of special populations are addressed, we will seek expertise, resource development and information dissemination assistance through a Community and Agency Partner Matrix including—but not limited to—DOH Division of Community and Family Health (various programs serving families, the elderly and other special populations), Governor's Office on Indian Affairs, Washington State Department of Social and Health Services (including offices of Aging and Adult Services, Children and Family Services, Mental Health Services, Deaf Services, Residential Care Services), Washington State Council of the Blind, Washington State Commissions (including Asian American, Hispanic and African American Affairs Commissions), Washington State Human Rights Commission, Washington State Office of the Superintendent of Public Instruction, Washington State Department of the Military (Emergency Management Division, Public Education Unit), Washington State Coalition for the Homeless, American Red Cross (local offices), Association of County Human Services, local contacts for the American Psychiatric Association, and other state, regional and local entities serving special populations.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a. We will review LHJ and hospital communication assessments completed in 2002-2003. We will also review recent LHJ communication needs assessments from Regional



Emergency Communications Liaisons, and seek input from hospitals through the Washington State Hospital Association.

- b. We will participate in related planning efforts with Focus Area A.
- c. We will develop a preliminary communication plan; we will build on this plan through collaboration with Regional Emergency Communication Liaisons, the Washington State Hospital Association and LHJ Public Information Managers.
- d. We will complete state communication plan for NPS Program, and will disseminate recommendations for related local, regional and hospital plans through collaborations with Regional Emergency Communication Liaisons, the Washington State Hospital Association and LHJ Public Information Managers.

2.

- a. We will work with identified internal/external partners (Community and Agency Partner Matrix as outlined in *Overarching Approaches* section above) to ensure effectiveness of pre-event and emergency materials for key audience groups.
- b. We will work with mental health resources identified in the Community and Agency Partner Matrix (see above) and other resources such as the State Employee Assistance Program to address psychosocial issues related to crisis for the general public and involved staff.

Timeline: What are the critical milestones and completion dates for each task?

1.

- a) January 1, 2004: Review of assessments completed.
- b) Ongoing: Participation in related planning efforts with Focus Area A.
- c) February 1, 2004: Preliminary NPS Communication Plan completed; review and collaboration with system partners initiated.
- d) June 1, 2004: Final NPS Communication Plan guidance issued in collaboration with Regional Emergency Communications Liaison Network, Washington State Hospital Association, LHJs and other system partners.

2.

- a) Ongoing (review assessments due April 1, 2004, August 1, 2004): We will work with identified internal/external partners (Community and Agency Partner Matrix as outlined in *Overarching Approaches* section above) to ensure effectiveness of pre-event and emergency materials for key audience groups.
- b) Ongoing (assessments due April 1, 2004, August 1, 2004): With Community and Agency Partner Matrix (see above) develop related mental health resources and ensure psychosocial consequences of crisis are addressed in materials for staff and general public. Review and disseminate related information to general public and staff—as appropriate—including materials from the American Red Cross, and the CDC (Emotional Health Issues for Those Responding to a Crisis, Module 10 in the CDC's *Crisis and Risk Communication Guide*).



Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1.
 - a) Focus Area F staff, State and Regional Emergency Communications Liaisons, Washington State Hospital Association.
 - b) Focus Areas F and A, DOH Communications Office Management Team.
 - c) Focus Area F staff, DOH Communications Office Management Team, State and Regional Emergency Communications Liaisons, Washington State Hospital Association.
 - d) Communications Office Management Team, Focus Area F staff, Regional Emergency Communications Liaison Network, Washington State Hospital Association, LHJ public information offices, and other system partners.
2.
 - a) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director, members of Community and Agency Partner Matrix.
 - b) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director, members of Community and Agency Partner Matrix.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Success will be measured through the completion of a comprehensive DOH NPS Communication Plan, and dissemination of NPS Communication planning guidance throughout public health and hospital system. Additional measurements will include the successful implementation of resources and development of materials to address psychosocial issues and the needs of special populations as outlined in Key Tasks above.

5. Coordinate risk communication planning with key state and local government and non-government emergency response partners (e.g. municipal emergency operation centers and chapters of the American Red Cross).

Strategies: What overarching approach(es) will be used to undertake this activity?

1. We will continue to strengthen and expand outreach and collaboration efforts through a variety of channels, including links with all Focus Areas, Public Health Emergency Preparedness and Response Management Team, and related local, regional and state advisory committees.
2. We will continue to provide regular briefings and updates on risk communication planning



issues to Washington State Secretary of Health, other DOH executive staff, the Governor's Office, and other key state, local and regional officials.

3. We will continue to seek opportunities to build awareness of risk communication issues pertaining to public health, to foster understanding of public health's role in an emergency, and to build collaborative relationships with emergency response system partners.
4. We will work to develop risk communication protocols on shared issues with emergency response partners including: Washington State Hospital Association, LHJ public information offices, Washington State Crisis and Emergency Management Association (with Focus Area A), Washington State Emergency Management Division, Washington State Emergency Communications Team (Governor's Office), Washington State Office of the Superintendent of Public Instruction- School Safety Center, the American Red Cross (local chapters) and other associations, community and government organizations representing first responders and emergency partners.
5. We will work with DOH and LHJ offices that have established partnerships with key emergency response agencies and organizations to create collaborative outreach initiatives.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) To share information and gain understanding of issues impacting all areas of emergency planning, we will participate in regular meetings and briefings with Public Health Emergency Preparedness and Response team including Focus Areas, and local, regional and state advisory committees.
 - b) We will continue to build partnerships with key state and local government and non-government agencies, and will proactively pursue opportunities to participate in risk communication strategy discussions.
 - c) We will continue to develop partnerships within DOH and LHJs to ensure a comprehensive approach to risk communication planning.
2.
 - a) To ensure senior officials have a comprehensive understanding of risk communication planning issues, we will regularly brief the Washington State Secretary of Health and other senior DOH staff, Washington State Association of Local Public Health Officials, the Washington State Board of Health, the Governor's office and other key state, local and regional officials.
3.
 - a) To assist in building awareness of risk communication issues and planning efforts related to public health, we will develop versions of crisis and risk communications training (based on CDCynergy model) for key emergency response partners, and continue to develop other mechanisms (such as monthly risk communication sections in our Public Health Emergency Preparedness and Response Newsletter, Web-based resources, materials and presentations) to share related information and best practices.



4.
 - a) We will continue to work with Focus Area A, senior DOH and public health staff, LHJ public information offices, the Washington State Hospital Association and other system partners to identify opportunities to build shared emergency communication protocols.
5.
 - a) We will continue to build partnerships to foster development of shared emergency communication protocols—as appropriate—with emergency response partners.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) Ongoing (quarterly updates): Participate in meetings and briefings with Public Health Emergency Preparedness and Response team including Focus Areas and local, regional and state advisory committees.
 - b-c) Ongoing (quarterly updates): Initiate meetings with key DOH and LHJ programs to build awareness of risk communication planning efforts and develop shared communication protocols, as appropriate.
2.
 - a) Ongoing (quarterly updates): Regularly brief senior officials on issues pertaining to risk communication planning.
3.
 - a) Ongoing (quarterly assessments): Training, resources (newsletter, Web library, materials and presentations) for emergency response partners to assist in building awareness of risk communication issues and planning efforts related to public health.
4.
 - a) Ongoing (quarterly updates): Continue to develop shared emergency communications protocols with emergency response partners, as appropriate.
5.
 - a) Ongoing (quarterly updates): We will continue to build partnerships with key state and local government and non-government agencies, and will proactively pursue opportunities to participate in risk communication strategy discussions.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1.
 - a-c) Focus Area F staff, State and Regional Emergency Communications Liaisons.
- 2.



3.
 - a) DOH Director of Communications, Focus Area F Lead (DOH Communication Systems Manager), DOH Media Relations Manager, LHI Public Information Managers or designated emergency communications staff, State and Regional Emergency Communications Liaisons, as appropriate.
4.
 - a) Focus Area F staff.
5.
 - a) DOH Director of Communications, Focus Area F Lead (DOH Communication Systems Manager), DOH Media Relations Manager, Washington State Hospital Association Communications Director, LHI Public Information Managers or designated emergency communications staff, State and Regional Emergency Communications Liaisons, as appropriate.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward completion of the activities outlined in this section will be measured through required quarterly assessments/updates for each Key Task.

6. Establish capabilities to provide “hotline” services when needed, including those that provide mental health services. **(LINK WITH CROSS CUTTING ACTIVITY PSYCHOSOCIAL CONSEQUENCES, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. In the event of a public health emergency, intergovernmental training activity or other high profile event, the Washington State Secretary of Health may activate statewide emergency hotline services at DOH to handle calls from the general public. Capabilities for this staffed phone bank were implemented in 2002. To ensure operability, we maintain a roster of at least 65 volunteer staff from throughout DOH. Volunteer qualifications include the ability to work effectively with the public in a crisis or emergency situation.
2. We will continue to enhance emergency hotline services by identifying mental health resources through development of a Community and Agency Partner Matrix to include: Washington State Department of Social and Health Services (including offices of Aging and Adult Services, Children and Family Services, Mental Health Services), American Red Cross (local offices), Association of County Human Services, local contacts for the American Psychiatric Association, Washington State Employee Assistance Program and other related state, regional and local entities. Working with these partners—and DOH programs with similar expertise—we will develop training opportunities, consumer



messages, and a resource list to address psychosocial issues. (We will also continue our participation in statewide initiatives to build capacity in this area, and will explore other services such as *Human Link*.)

3. We will continue to promote the CDC's general public hotlines, and will implement new capacities to locally serve non-English speaking callers and special needs populations. We will also assist LHJs and other system partners in development of emergency phone scripts and Q&As regarding public health emergency topics including biological, chemical and nuclear threats. We will assist LHJs with related planning efforts for local needs.
4. The DOH Communications Office has also created emergency phone bank capacity to assist LHJs and the media in the event of a public health emergency (implemented in 2002). To ensure operability, we maintain an Emergency Communications Office roster of at least 25 DOH staff with specific communication skills.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) Develop risk communication training for volunteer emergency phone bank staff and implement a regular schedule of phone bank testing
2.
 - a) Identify mental health resources through the establishment of Community and Agency Partner Matrix (as outlined above). Enlist expertise of partners in creating training opportunities, consumer messages and mental health resource list to assist phone bank staff in effectively addressing psychosocial issues.
 - b) Support statewide initiatives to develop and maintain health and human services resource directories.
 - c) Assess and initiate enhancements to better serve special needs of various communities such as TTY lines, AT&T Language Line, and recorded emergency messages.
3.
 - a) Work with Focus Areas A, B, C and D, and DOH divisions (Epidemiology and Public Health Laboratories, Community and Family Health, and Environmental Health) to further develop messages and Q&As regarding public health emergency topics including biological, chemical and nuclear threats.
 - b) Ensure emergency messages and Q&As are available throughout emergency partner system (including hospitals). Assess local needs.
4.
 - a) Continue to maintain and regularly test emergency DOH Communications Office capabilities.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) October 15, 2003: Complete test of DOH emergency phone bank. December 1, 2003: Complete 2004 schedule for emergency phone bank testing and 2004 training schedule for emergency phone bank volunteers.



2.
 - a) Ongoing (assessments due December 1, 2003, April 1, 2004, August 1, 2004): With Community and Agency Partner Matrix (see above) develop related mental health resources and ensure psychosocial consequences of crisis are addressed in materials for staff and general public.
 - b) Ongoing (quarterly reviews): Continue to participate in Access Washington Resource Directory (statewide health and human services database which will serve as backbone of Washington's 211 initiative) development and planning meetings.
 - c) Ongoing (quarterly reviews): Continue to develop and implement emergency phone bank enhancements to better serve special populations.
3.
 - a) Ongoing (quarterly reviews): Continue to assess and develop messages regarding public health emergency topics. Compile resource manual for emergency phone bank volunteers.
 - b) Ongoing (quarterly reviews): Continue to disseminate emergency messages and Q&As throughout emergency partner system. Work with Washington State Hospital Association and Focus Area A to expand outreach.
4.
 - a) October 15, 2003: Complete test of DOH emergency Communications Office phone system. December 1, 2003: Complete 2004 schedule for emergency Communications Office system testing and 2004 schedule for Emergency Roster staff training.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

- 1a) Focus Area F staff; DOH divisional planners.
- 2a) Focus Area F Lead (DOH Communication Systems Manager), State Emergency Communications Liaison, key members of Community and Agency Partner Matrix.
- 2b) Focus Area F staff.
- 2c) Focus Area F staff, State and Regional Emergency Communications Liaisons.
- 3a) Focus Area F staff, DOH Communications Office Management Team, Focus Areas A, B, C and D, and DOH divisions (Epidemiology and Public Health Laboratories, Community and Family Health, and Environmental Health).
- 3b) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director.
- 4a) DOH Communications Office Management Team; Focus Area F staff.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Enhancements to the DOH emergency phone bank and related public health system resources



will be measured by completion of above tasks as documented through quarterly assessments by key staff and system partners.

7. Train key state & local public health spokespersons in crisis and emergency risk communication principles and standards.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. DOH will send staff to the CDC's *Emergency Risk Communication Train-the-Trainer* course and will provide training to Regional Emergency Communication Liaison staff to enhance statewide emergency risk communication training capacity. Additionally, DOH will send staff to other CDC trainings including *Crisis and Emergency Risk Communication* and *Facing the Media* to enhance overall completeness of support system for internal and external system partners.
2. Coordinating with Focus Area G, the Washington State Hospital Association, and other DOH divisions and system partners, a comprehensive system of risk and crisis communication training opportunities will be offered throughout the state. These will include:
 - The *Risk Communication in Public Health* course (based on CDCynergy model) provides information for public health, hospital and other emergency response partners on the basics of risk communication. This course is targeted toward people who don't regularly work with the media. It demonstrates that risk communication principles are part of everyone's ongoing work—from the receptionist answering the phone, to the epidemiologist posting information on a general public Web site, to the health officer or administrator answering questions in an official capacity. The training discusses basic skills needed for clear, effective communication and message delivery, the importance of cultural competency in communications, and advice on understanding and meeting the needs of specific audiences. Participants receive tools for planning effective communication strategies and tips for addressing possible challenges of crisis communication. The course also addresses how risk communication pertains to public health, and the importance of establishing clear communication channels between emergency system partners.
 - *DOH Media and Risk Communication Training* is currently available to DOH programs, and other system partners. This course will be enhanced to include specific issues addressed in the CDC's *Crisis and Emergency Risk Communication* and *Facing the Media* training to ensure consistency of risk communication tools and strategies. The course focuses on how to develop messages, effectively work with reporters, and ensure risk communication strategies are integrated into public information efforts. It offers tools and tips for effectively disseminating information in an emergency.
 - When appropriate, combined versions of the above courses will be offered.
3. Ongoing risk communication strategy assistance is available to DOH programs, LHJs and emergency system partners through the DOH Communications Office, and through the Regional Emergency Communications Liaison Network. Additionally, risk communication tools and resources will be made available to LHJs, hospitals and other



emergency response partners on an ongoing basis.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) The Focus Area F Lead (Communication Systems Manager) and State Emergency Communication Liaison will attend the CDC's *Train the Trainer* program.
 - b) Focus Area F Lead and State Emergency Communication Liaison will train the Regional Emergency Communication Liaisons (with material from CDC's *Train the Trainer* program) in order to provide a network of training resources statewide.
 - c) The DOH Communications Director will complete the CDC's *Crisis and Emergency Risk Communication* course and ensure principles are included in DOH *Media and Risk Communication Training*.
 - d) The DOH Media Relations Manager will complete the CDC's *Facing the Media* course and ensure principles are included in DOH *Media and Risk Communication Training*.
2.
 - a) Continue to deliver risk communication training to LHJ, DOH, and system staff.
 - b) Develop abbreviated version of combined risk communication and media trainings for public health staff at 2003 Washington State Joint Health Conference.
 - c) Develop risk communication training programs targeting specific audiences such as state and local health spokespeople and other key staff throughout the system. DOH will also partner with the Washington State Hospital Association to develop and co-host risk communication training for hospital staff in Washington State.
3.
 - a) Develop and disseminate crisis and risk communication tools to system partners including printing and distributing CDC's Crisis & Emergency Risk Communication wallet card, featuring communication tools and resources in monthly Public Health Emergency Preparedness and Response e-newsletter, developing internal/external Web sites with risk communication information for staff and system partners.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) November 1, 2003: DOH Focus Area F Lead (Communication Systems Manager) and State Emergency Communication Liaison will complete the CDC's *Crisis and Emergency Risk Communication Train the Trainer* course and ensure principles are included in risk communication training for LHJs, hospitals and system partners.
 - b) December 31, 2003: Training of Regional Emergency Communications Liaisons completed in risk communication.
 - c) March 1, 2004: The DOH Communications Director will complete the CDC's *Crisis and Emergency Risk Communication* course.
 - d) March 1, 2004: The DOH Media Relations Manager will complete the CDC's *Facing the Media* course.
2.
 - a) Ongoing (quarterly assessments): Deliver risk communications training to public health



- staff statewide.
- b) October 10, 2003: Presentation on media and risk communication in public health offered at the Washington State Joint Health Conference.
 - c) January 31, 2004: Courses developed for LHJs, hospitals and other key internal/external emergency system partners. Training plans developed by Regional Emergency Communications Liaisons, DOH and the Washington State Hospital Association through August, 2004.
- 3.
- a) Ongoing (reviews due January 1, 2004, August 1, 2004): Develop and disseminate risk communication tools and resources throughout emergency partner system.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

- 1a) DOH Focus Area F Lead (Communication Systems Manager), State Emergency Communication Liaison.
- 1b) DOH Focus Area F Lead (Communication Systems Manager), State Emergency Communication Liaison.
- 1c) DOH Communications Director.
- 1d) DOH Media Relations Manager.
- 2a) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communication Liaisons, Focus Area G, DOH Communications Director and Media Relations Manager, as appropriate.
- 2b) Focus Area F Lead (DOH Communication Systems Manager), State Emergency Communications Liaison, DOH Media Relations Manager.
- 2c) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communication Liaisons, Focus Area G, DOH Communications Director and Media Relations Manager, as appropriate.
- 3a) Focus Area F staff, Focus Area G staff, State and Regional Emergency Communications Liaisons.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress will be evaluated by successful completion of the above *Key Tasks*, specifically:

- Completion of CDC courses and incorporation of materials into all risk communication trainings offered through Focus Area F.
- Completion of liaison training.
- Completion of training plans for key system partners.
- Training assessments from participants.
- Incorporation of risk communication principles into other trainings and consultations



offered by DOH Communications Office.

- Establishment of ongoing network of risk communication training resources and materials for LHJs, hospitals, and other internal/external system partners, as assessed through quarterly evaluations.

8. (Smallpox) Enumerate participants in a public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination issues regarding smallpox. (See Appendix 4, IT Function #7) **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Make use of currently available call-down and notification systems. They include:
 - DOH Communications Office Emergency Notification List (including Senior DOH staff and divisional contacts, LHJ Public Information Managers, Governor's Office, State Agency Communications Directors, Emergency Operations Centers contacts). Emergency strategy also includes emergency media and DOH staff notification mechanisms.
 - Washington State Hospital Association Notification List (hospital communications and public information contacts).
 - LHJ Smallpox Spokesperson List (maintained through Focus Area F).
 - State, Regional and Local Emergency Response Coordinators (part of Public Health Emergency Preparedness and Response program).
 - Health Alert Network (HAN).
 - Washington State Association of Local Public Health Officers (WSALPHO).
 - Washington State Communicable Disease distribution list (WA-Comdis).
 - Emergency call-down lists (state, local and regional) administered by Focus Area A.
2. Continue to assist in development of communication protocols for comprehensive call-down systems Focus Area E is establishing through the Washington State Electronic Communication, Urgent Response and Exchange System (WA-SECURES) program.
3. Continue work with the Community and Agency Partner Matrix to ensure community partners and special needs populations are included in information dissemination strategies. We will develop related state, regional and local protocols for matrix list activation.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) Continue to develop and maintain DOH Communications Office Emergency Notification List, as well as media and staff emergency notification mechanisms.
 - b) Continue to develop and maintain Washington State Hospital Association Notification List.



- c) Continue to develop and maintain LHJ Smallpox Spokesperson List.
 - d) Assist Focus Areas and DOH programs, as appropriate, with developing communication protocols for information dissemination channels.
2.
 - a) Continue to work with Focus Area E in development of communication protocols for HAN and WA-SECURES notification systems.
 3.
 - a) Continue to build effective information dissemination channels to target populations through work with Community and Agency Partner Matrix.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) Ongoing (quarterly reviews): Continue to develop and maintain DOH Communications Office Emergency Notification List, and media and DOH staff emergency notification mechanisms.
 - b) Ongoing (quarterly reviews): Continue to develop and maintain Washington State Hospital Association Notification List.
 - c) Ongoing (quarterly reviews): Continue to develop and maintain LHJ Smallpox Spokesperson List.
 - d) Ongoing (quarterly reviews): Assist Focus Areas and DOH programs, as appropriate, with developing communication protocols for information dissemination channels.
2.
 - a) Ongoing (quarterly reviews): Continue to work with Focus Area E in development of communication protocols for HAN and WA-SECURES lists.
3.
 - a) Ongoing (progress reports due December 1, 2003, April 1, 2004, August 1, 2004): Develop effective information dissemination channels to target populations.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

- 1a) DOH Communications Office Management Team.
- 1b) Focus Area F Lead (DOH Communication Systems Manager), Washington State Hospital Association Communications Director.
- 1c) State Emergency Communications Liaison.
- 1d) Focus Area F staff.
- 2a) Focus Area F and E staff.
- 3a) Focus Area F Lead (DOH Communication Systems Manager), State and Regional



Emergency Communications Liaisons, DOH Communications Office Manager Team.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress will be determined through required quarterly reviews and assessments of activities in this area. Additionally, assessment tools developed as part of *Focus Area F, Section 12* response will be used to measure effectiveness of information dissemination channels and efforts.

9. (Smallpox) Develop communications materials for dissemination regarding smallpox training and education for local stakeholders, such as community members, school representatives, physician, local emergency service responders, and the general public.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. We will build on materials development and dissemination mechanisms created through DOH Smallpox and Smallpox Immunization Communication Plans (developed in 2002). Goals of these communication plans include:

- Build and maintain confidence in Washington State's public health system and its ability to respond to—and effectively manage—a smallpox outbreak.
- Work with federal, regional and local authorities to provide a united voice for public health.
- Minimize public panic and fears related to smallpox.
- Address—as quickly as possible—rumors and inaccuracies.
- Provide clear, accurate, consistent and highly accessible information to the public, special needs populations, health care providers, emergency system partners, policy-makers, and other local stakeholders.

Key elements of these communication plans include:

- Proactive education.
- Effective and coordinated use of resources.
- Systems for rapid information dissemination.
- Outreach to key partners and special populations.

Linking with the CDC, Focus Areas B and G, and DOH programs involved in activities related to smallpox and smallpox vaccine issues, we will continue to develop audience-specific informational materials regarding smallpox, vaccinia, and the smallpox vaccine. Appropriate materials will be translated and made available in several formats. Services have been secured to obtain rapid translation of additional materials in the event of an emergency.

To ensure psychosocial issues and the needs of special populations are addressed, we will seek expertise, resource development and information dissemination assistance through a Community and Agency Partner Matrix including—but not limited to—DOH Division of Community and Family Health (various programs serving families, the elderly and other



special populations), Governor's Office on Indian Affairs, Washington State Department of Social and Health Services (including offices of Aging and Adult Services, Children and Family Services, Mental Health Services, Deaf Services, Residential Care Services), Washington State Council of the Blind, Washington State Commissions (Asian American, African American and Hispanic Affairs Commissions), Washington State Human Rights Commission, Washington State Office of the Superintendent of Public Instruction, Washington State Department of the Military (Emergency Management Division, Public Education Unit), Washington State Coalition for the Homeless, American Red Cross (local offices), Association of County Human Services, local contacts for the American Psychiatric Association, and other state, regional and local entities serving special populations.

In 2003, we worked with Focus Area B to develop smallpox education materials such as *Children and the Smallpox Vaccine*, and *Pets and Vaccinia*, in response to requests from matrix partners.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) Assess materials that have already been developed. Determine key materials and appropriate translations.
 - b) Assess needed materials and determine best format.
 - c) Determine best mechanisms for disseminating materials to target audience groups, emergency response partners and other stakeholders.
 - d) Develop key message templates for LHJ and hospital use.
 - e) Review and update design of smallpox information pages on DOH Web site.
 - f) Continue to assess related training and education materials needs and effective delivery channels with Focus Area G.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) November 1, 2003: Initial materials assessment completed, translation process initiated.
 - b) Ongoing (quarterly reviews): Continued development of needed smallpox materials.
 - c) Ongoing (quarterly reviews): Continue work with Community and Agency Partner Matrix, and other emergency system partners, to establish effective communication channels for smallpox information dissemination.
 - d) Ongoing (quarterly reviews): With input from hospital and LHJ partners—and ensuring consistency with related CDC materials—continue to develop messages and templates for LHJ and hospital use.
 - e) December 1, 2003: Revised DOH Smallpox Web site launched.
 - f) Ongoing (quarterly reviews): Continuing assessment of training and education materials needs.



Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1.
 - a) Focus Areas F and B.
 - b) Focus Areas F and B, and input from smallpox response team members and other emergency system partners.
 - c) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director.
 - d) Focus Areas F and B, DOH Communications Office.
 - e) Focus Areas F and B, DOH Web Team.
 - f) Focus Areas F and G.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress will be determined through successful completion of above activities as evidenced through product delivery and required quarterly assessments.

10. For border states, consider joining a public information and crisis communication working group, led by CDC, the Mexico Department of Health and Health Canada to exchange critical response plans and best practices. **(LINK WITH CROSS CUTTING ACTIVITY BORDER STATES, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. We have communicated with the CDC regarding the *public information and crisis communication working group* and have identified a primary contact. As work progresses, we will continue to seek opportunities to exchange critical response plans and best practices, and to develop relationships with Canadian counterparts. We will collaborate with Focus Areas, DOH divisions and border LHJs, as appropriate, to enhance communications infrastructure.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) Ongoing participation in CDC workgroup.
 - b) Develop relationships with key Canadian partners.
 - c) Collaborate with border LHJs.
 - d) Collaborate with Focus Areas and DOH divisions, as appropriate.
 - e) Develop mechanisms and opportunities to share information with emergency system



partners.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) Ongoing (quarterly updates): Participate in CDC workgroup.
 - b) Ongoing (annual report due August 1, 2004) Identify and pursue opportunities to build emergency communication protocols with Canadian counterparts.
 - c) Ongoing (annual report due August 1, 2004): Identify and pursue opportunities to build emergency communication protocols with LHJs and border province counterparts.
 - d) Ongoing (annual report due August 1, 2004): Maximize border province communication channels and contacts developed with other Focus Areas and DOH divisions.
 - e) Ongoing (annual report due August 1, 2004): Develop materials and communication channels (e-mail distribution lists, updates in Public Health Emergency Preparedness and Response newsletter, etc.) to keep emergency system partners (in Washington State and border Canadian Provinces) informed of progress.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1.
 - a) Focus Area F Lead (DOH Communication Systems Manager).
 - b) DOH Communications Office Management Team.
 - c) Focus Area F staff, Regional Emergency Communications Liaisons (for North/Central, Eastern and Western Regions).
 - d) Focus Area F staff, DOH Communications Office Management Team.
 - e) Focus Area F staff, Regional Emergency Communications Liaisons (for North/Central, Eastern and Western Regions).

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress will be measured through contributions to CDC working group, contacts established with Canadian Province counterparts, work on shared emergency communication protocols, and development of outreach mechanisms as outlined above. Efforts will be assessed through required annual reports.



11. Establish mechanisms to translate emergency messages into priority languages spoken within the jurisdiction. **(LINK WITH CROSS CUTTING ACTIVITY POPULATIONS WITH SPECIAL NEEDS, Attachment X).**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. We will work with LHJs, hospitals and community partners to identify language and resource needs in communities throughout the state. As an initial step, we have consulted with the Washington State Department of Social and Health Services (DSHS) to identify the top six language needs—apart from English—in Washington State. We have secured translation services for these languages (Spanish, Russian, Vietnamese, Cambodian, Chinese, Korean) to ensure critical public health information and materials can be quickly translated in an emergency.
Regional Emergency Communication Liaisons will provide information about their communities and will take the lead, as appropriate, on additional translations for statewide use.
2. We have also created a partnership with the Washington State Emergency Management Division (Department of the Military) to develop and translate key emergency preparedness materials. We will consult with Focus Areas A, B, D and G—as well as other state, regional and local staff—to seek feedback on priority materials for translation.
3. We will further develop feedback channels with partners serving non-English speaking communities through work with the Community and Agency Partner Matrix (a statewide coalition developed through Focus Area F to strengthen outreach and resource development mechanisms with agencies and organizations serving special needs communities).
We will also work with the DOH Division of Community and Family Health, Office of Health Promotion, which is currently building a system to ensure cultural appropriateness of translated materials. Messages and materials will be translated and tested for effectiveness with target audiences.
4. Materials will be made available for statewide use.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) With Focus Areas A, B, D, and G, we will assess and compile existing materials for translation into priority languages (Spanish, Russian, Vietnamese, Cambodian, Chinese, Korean), as appropriate. We will develop list of needed materials and determine appropriate translations and distribution mechanisms.
 - b) State and Regional Emergency Communications Liaisons will develop proposals of needed translations specific to communities in their areas of concern. With designated LHJ administrators and Focus Area F Lead, additional translation needs will be reviewed and projects assigned, as appropriate.
2.
 - a) We will continue our partnership with the Washington State Emergency Management



- Division (Department of the Military) to develop and translate key emergency preparedness materials.
3.
 - a) Develop review protocols for seeking feedback on key topics with Community and Agency Partner Matrix.
 - b) DOH will provide printed materials—as appropriate—and a Web-based library of materials and templates on key emergency preparedness topics to LHJs, hospitals and other emergency system and community partners.
 4.
 - a) Ensure effective dissemination of materials in appropriate formats.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) October 1, 2003 and quarterly: Initial materials assessments completed and translation needs determined; ongoing quarterly assessments of translation needs.
 - b) Quarterly: Decisions on additional translation projects (beyond standard six languages) will be made in coordination with Focus Area F Lead, State and Regional Emergency Communications Liaisons and administrators from affected LHJs.
2.
 - a) Ongoing (quarterly assessments): Participation in editorial and materials development initiatives with Emergency Management Division-Public Education Unit.
3.
 - a) November 1, 2003: Review protocols established for Community and Agency Partner Matrix.
 - b) Ongoing: Support translation program developed with DOH Division of Community and Family Health - Office of Health Promotion, and use services (program test completed November 1, 2003). Review materials for translation. Incorporate into Web-based library.
4.
 - a) Ongoing (annual assessment due August 1, 2004): Translated materials will be made available to LHJs, hospitals, emergency system and community partners via DOH Web-based library, and through channels developed with the Washington State Hospital Association and through the Community and Agency Partner Matrix.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.



- 1a) Focus Areas A, B, D, F, G, as appropriate.
- 1b) Focus Area F Lead, State and Regional Emergency Communications Liaisons and designated administrators from affected LHJs.
- 2a) Focus Area F staff, Emergency Management Division-Public Education Unit (Washington State Department of the Military).
- 3a) Focus Area F Lead, State and Regional Emergency Communications Liaisons, Washington State Hospital Association.
- 3b) Focus Area F staff, DOH Division of Community and Family Health - Office of Health Promotion, DOH Web Team.
- 4a) Focus Area F Lead, DOH Web Team, State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

The primary measure of progress will be the successful development and dissemination of translated materials and maintenance of emergency translation services, as outlined above. Required assessments from key staff (with input from partners) will assist in monitoring progress on an ongoing basis.

12. (Smallpox) Test responsiveness of participants within the public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination issues regarding smallpox.
(LINK WITH FOCUS AREA E)

Strategies: What overarching approach(es) will be used to undertake this activity?

Many of these systems have been tested this past year through smallpox immunization initiatives and other topics requiring immediate information dissemination. Additionally, we have established a procedure for health care partner outreach (through CDC's clinician mailing project).

1. We will continue to maintain and expand lists associated with risk and crisis communication initiatives, and implement a regular system of tests to ensure ongoing viability of procedures.

We will assist other Focus Areas and entities in development of testing procedures and communication protocols, as appropriate.

Related call-down and notification systems include:

- DOH Communications Office Emergency Notification List (including Senior DOH staff and divisional contacts, LHJ Public Information Managers, Governor's Office, State Agency Communications Directors, Emergency Operations Centers contacts). Also includes emergency media and DOH staff notification systems.
- Washington State Hospital Association Notification List (hospital communications and



public information contacts).

- LHJ Smallpox Spokesperson List (maintained through Focus Area F).
- State, Regional and Local Emergency Response Coordinators (part of Public Health Emergency Preparedness and Response program).
- Health Alert Network (HAN).
- Washington State Association of Local Public Health Officers (WSALPHO).
- Washington State Communicable Disease distribution list (WA-Comdis).
- Emergency call-down lists (state, local and regional) administered through Focus Area A.

Additionally, Focus Area E is establishing comprehensive call-down systems through the Washington State Electronic Communication, Urgent Response and Exchange System (WA-SECURES) program. We will continue to assist in development of communication protocols, and system testing.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) Develop assessment tool and implement schedule of tests for DOH Communications Office Emergency Notification List and systems.
 - b) Develop assessment tool and implement schedule of tests for Washington State Hospital Association Notification List.
 - c) Develop assessment tool and implement schedule of tests for LHJ Smallpox Spokesperson List.
 - d) Assist in testing other call-down lists and notification systems, as appropriate.
 - e) Continue to work with Focus Area E on related HAN and WA-Secures initiatives.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) November 1, 2003: Assessment tool and testing schedule developed.
 - b) November 1, 2003: Assessment tool and testing schedule developed.
 - c) November 1, 2003: Assessment tool and testing schedule developed.
 - d) Ongoing (quarterly assessments): Assist in testing other call-down lists and notification systems, as appropriate.
 - e) Ongoing (quarterly assessments): Continue to work with Focus Area E on related HAN and WA-Secures initiatives.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.



1.
 - a) DOH Communications Office Management Team.
 - b) Focus Area F Lead (DOH Communication Systems Manager), Washington State Hospital Association Communications Director.
 - c) State Emergency Communications Liaison.
 - d) Focus Area F staff with other Focus Areas and DOH programs, as appropriate.
 - e) Focus Areas E and F staff.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress will be measured through successful completion of test schedules (as developed) and review of resulting required assessments.

13. Complete the CDC Emergency Risk Communication train-the-trainer program.

Strategies: What overarching approach(es) will be used to undertake this activity?

DOH will send staff to the CDC's *Emergency Risk Communication Train-the-Trainer* course and will provide training to Regional Emergency Communication Liaison staff to enhance statewide emergency risk communication training capacity. Additionally, DOH will send staff to other CDC trainings including *Crisis and Emergency Risk Communication* and *Facing the Media* to enhance overall completeness of support system for internal and external system partners.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1.
 - a) The Focus Area F Lead (Communication Systems Manager) and State Emergency Communication Liaison will attend the CDC's *Train the Trainer* program.
 - b) We will then train the Regional Emergency Communication Liaisons in order to provide a network of training resources statewide.
 - c) This group will further develop related training programs targeting specific audiences such as state and local health spokespeople and other key staff throughout the system.
 - d) We will also partner with the Washington State Hospital Association to develop and co-host risk communication training for hospital staff in Washington State.
2.
 - a) The DOH Communications Director will attend the CDC's *Crisis and Emergency Risk Communication* course, and will incorporate principles—as appropriate—into overall office operations and senior management consultations on public health emergency issues.
3.
 - a) The DOH Media Relations Manager will attend the CDC's *Facing the Media* training,



and will incorporate principles—as appropriate—into media training, speech development and staff consultations. The Media Relations Manager will also use related information to provide further support to LHJs and DOH divisions with media planning and consultations.

Timeline: What are the critical milestones and completion dates for each task?

1.
 - a) November 1, 2003: The DOH Focus Area F Lead (Communication Systems Manager) and State Emergency Communication Liaison will complete the CDC's *Crisis and Emergency Risk Communication Train the Trainer* course.
 - b) December 31, 2003: Training of Regional Emergency Communications Liaisons completed.
 - c) January 31, 2004: Courses developed for LHJs, hospitals and other key internal/external emergency system partners.
 - d) January 31, 2004: Training plans set up by Regional Emergency Communications Liaisons, DOH and the Washington State Hospital Association through August, 2004.
2.
 - a) March 1, 2004: The DOH Communications Director will complete the CDC's *Crisis and Emergency Risk Communication* course.
3.
 - a) March 1, 2004: The DOH Media Relations Manager will complete the CDC's *Facing the Media* course.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Note: Collaboration is an essential component of Focus Area F initiatives. Parties listed below will have primary responsibilities in the completion of each task as noted, but are not intended to reflect all partners involved in related efforts.

1.
 - a) Focus Area F Lead (DOH Communication Systems Manager), State Emergency Communication Liaison.
 - b) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, DOH Communications Office Management Team, as appropriate.
 - c) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director. DOH Communications Office Management Team, as appropriate.
 - e) Focus Area F Lead (DOH Communication Systems Manager), State and Regional Emergency Communications Liaisons, Washington State Hospital Association Communications Director.

2.



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|--|
| 3.
a) DOH Communications Director.
a) DOH Media Relations Manager. |
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Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Success will be measured by the following outcomes:

- Completion of trainings by key staff.
- Completion of liaison training.
- Completion of training plan for key system partners.
- Training assessments from key system partners.
- Incorporation of risk communication principles into other trainings and consultations offered by DOH Communications Office.
- Establishment of ongoing network of risk communication training resources and materials for LHJs, hospitals, and other internal/external system partners.

ENHANCED CAPACITY #11: To identify, develop and improve crisis and emergency-risk communication planning with respect to the needs of special populations, cultural and psychological aspects of crisis communication, and communication barriers to effective public health response during public health emergencies including terrorism, infectious disease outbreak and other public health emergencies.

RECIPIENT ACTIVITIES:

1. Develop and conduct a testing program for emergency communication plans to ensure channels of communication exist and resources are available to provide effective public information and risk communication during public health emergencies. **(LINK WITH FOCUS AREA A)**

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

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Timeline: What are the critical milestones and completion dates for each task?

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Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

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Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?



2. With local public health agencies, enhance relationships with mental health planners and providers by providing education, attending and participating at conferences, providing joint sponsorship of meetings and developing and evaluating activities necessary to report the degree to which persons who have not been exposed to a potential terrorist or emerging infectious agent seek acute care at health care facilities.

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

3. Partner with CDC, other states and/or Public Health Centers for Excellence located in schools of public health, and Centers for Public Health Preparedness to identify research gaps and conduct research on risk communication issues related to special populations, cultural and psychological aspects of crisis communication, and communication barriers to effective public response during public health emergencies including terrorism, infectious disease outbreaks and other public health emergencies.

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?



4. With local public health agencies, establish a web-based clearinghouse of resources and activities related to crisis and emergency risk communication and link to CDC's clearinghouse. **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

5. With local public health agencies and other stakeholders, establish the capacity to conduct public outreach campaigns, which may include town-hall meetings and presentations to civic organizations, schools, businesses, faith-based institutions and special ethnic and cultural groups.

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

6. With local public health agencies, ensure consistent message content and establish mechanisms to track and monitor message dissemination and media coverage, audience reaction, and changing communication issues and priorities at the state or local level.

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?



Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

7. Establish plans and working relationships to ensure that consistent and accurate information is disseminated, especially among adjacent state and local health jurisdictions.

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

8. Ensure that the competencies and credentialing requirements for communication specialists in public information, public affairs and health education related to crisis and emergency risk communication are reviewed annually and that requirements for continuing education are met. Attention should be paid to the recruitment, training and the proper career development of these personnel. **(LINK WITH FOCUS AREA G)**

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.



Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

9. As part of the health departments mobilization capabilities, consider the purchase of PDA hardware and software packages that allow off-site office capabilities such as the following **(LINK WITH FOCUS AREA E)**:
- a. A portable JIC with names and contacts
 - b. Full list of contacts for key responders
 - c. A complete list of health professionals in the state sortable by geography, area of expertise, etc.
 - d. Images of rashes or other pictures that may be used as visual aids.
 - e. Array of other software possibilities available to meet specific needs (e.g. such as the ability to produce and print word documents from the PDA)

Strategies: What overarching approach(es) will be used to undertake this activity?

NA

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?